



PROVIDER REIMBURSEMENT & CLAIMS DATA ANALYST (MEDICAL PROGRAM SPECIALIST 1)

\$3571 - 4570 per month (range 55)

Opens: March 20, 2006

Closes: Open until filled (early application encouraged)

LOCATION: There is currently one opening in Downtown Seattle (17.17) with the Uniform Medical Plan, a program of the Washington State Health Care Authority.

DUTIES: Conducts policy research, data analysis and project work concerning Uniform Medical Plan reimbursement of health care providers and related health care cost containment initiatives. Analyzes health care claims data and utilization patterns, develops options, and models alternatives. Implements procedures to monitor claims payments for accuracy and consistency based on contracted rates and policies, including use of screening tools to identify/prevent inappropriate billing. Works with the plan's Third Party Administrator to implement new payment systems and updates to existing systems; and to resolve errors and other issues related to claims processing and provider payments. Participates in committees to coordinate reimbursement policies of various state health care programs. Supports rate negotiations with health care facilities. Prepares contract materials, rate schedules, billing manuals, provider newsletter articles, and other provider communications. Consults with providers and provider organizations on reimbursement policies, and troubleshoots issues or handles inquiries as needed.

REQUIREMENTS:

- **Education and/or experience:** One year graduate study in Public Health, Health Administration, Economics or closely related field OR two or more years of experience related to health care financing and analysis.
- **Database skills:** Ability to extract data, perform ad-hoc queries using the claims data warehouse and a variety of database programs (ACCESS and other).
- **Analytical Skills:** Ability to interpret data and draw conclusions
- **Written communication:** Ability to write clear, concise reports, correspondence, articles, instructions, etc., including translating technical information into lay terms
- **Verbal communication:** Ability to clearly communicate verbally, including translating technical information into lay terms
- **Customer service:** Ability to respond to inquiries in a timely, courteous and professional manner
- Ability to **work independently and as a team**
- **Spreadsheet software:** Experienced in using spreadsheet software such as EXCEL; able to construct data models and generate graphs and other presentation materials.
- **Attention to detail:** Ability to compare data and recognize problematic data
- **Time management:** Ability to meet deadlines while managing multiple priorities

DESIRED QUALIFICATIONS:

- **Statistics/Quantitative skills:** Completion of two college-level courses in statistics
- **Project management:** Ability to identify stakeholders, set timelines, estimate resources, and meet deadlines
- **Presentation skills:** Experience presenting to groups
- **Health care billing and claims:** Understanding of standard insurance coding, billing requirements, and payment methods

THE IDEAL CANDIDATE MUST ALSO HAVE A WILLINGNESS TO:

- Attend work on regular basis at worksite
- Work occasional evening meetings and travel within state
- Remain at workstation and use a computer most of the day

APPLICATION PROCEDURE:

Interested candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience, including, dates, and length of experience in each of the areas listed in the REQUIREMENTS and DESIRED QUALIFICATIONS sections;
2. A resumé listing names of employers, dates of employment, and degree(s) attained;
3. A list of a minimum of three employment references, two supervisors and one peer ;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia, WA 98504-2698	hrmb@hca.wa.gov Please use: <u>Medical Program Specialist 1</u> in the subject line Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

NOTE: A photocopy of this information shall be as valid as the original.

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

Health Care Authority

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

- | | | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ | | | | | |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____

(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b) ☐ No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: _____/_____/_____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.